 <h2 style="margin: 0;">REQUEST FOR TRANSACTION TERMINAL</h2>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax	
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**BLOCK A - APPLICANT INFORMATION**

1. Name or Business Name:	2. Registered Buyer Number, If any:	
3. Business Mailing Address:		
4. Name of Contact Person:		
5. Home Phone:	6. Business Phone:	7. Fax:

**BLOCK B - TERMINAL SITE**

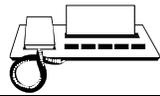
1. Is this terminal to be located at a: Fixed Location [ <input type="checkbox"/> ] or Mobile Location [ <input type="checkbox"/> ]
2. If <b>fixed</b> , Physical Address where terminal will be located:
3. If <b>mobile</b> , location of expected activity (Lat/Long or Primary Port):

**BLOCK C - SIGNATURE**

Signature of Applicant or Authorized Representative:	Date:
Printed Name and Title of Applicant or Authorized Representative ( <b>Note:</b> If this is completed by an agent, attach agent authorization.):	

**BLOCK D - FOR OFFICIAL USE ONLY**

Transaction Terminal Number	Software Version	Printer Number	Date of Issue
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## INSTRUCTIONS: REQUEST FOR TRANSACTION TERMINAL

Type or print legibly in ink and retain a copy of completed application for your records.

**Please allow at least 10 working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

If you have questions about the application or need additional information, call Restricted Access Management at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

Mail completed application form to:

**NMFS Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668**

***SPECIAL INFORMATION:*** All IFQ landings and CDQ halibut landings must be reported electronically using IFQ/CDQ landing cards and Transaction Terminals activated with custom-designed computer software. Waivers to this requirement may only be granted by the NMFS Office of Enforcement at (907) 586-7225.

*You may use this form to request a Transaction Terminal; however, if insufficient terminals are available for all who request them, terminals will be distributed to locations determined by NMFS to be most convenient for the fishing fleet and most likely to ensure timely and accurate reporting of landings of IFQ halibut and sablefish and CDQ halibut. To assist those without terminals, NMFS will attempt to place the terminals at appropriate public places, such as harbormaster offices. Locations of all such terminals are available on the Alaska Region NMFS web site at <<http://www.fakr.noaa.gov>>, or you may call RAM at any of the numbers listed above. **Terminals and printers provided by NMFS are the property of the U.S. Government.***

*You may also purchase terminals and printers directly from the supplier; however, NMFS must install custom software to establish a functional unit. If you wish to arrange for private purchase of a terminal and a printer, call or write RAM at the numbers and/or address listed above.*

### ***BLOCK A - BUSINESS INFORMATION***

1. Name or Business Name - Name of Individual or Business responsible for the Terminal and Printer.
2. Registered Buyer Number - Enter your Registered Buyer number if you have one.
3. Business Mailing Address - Enter the business mailing address, including the street and/or P.O. Box number, city, state, and zip code.
4. Name of Contact Person - Provide the full name of a person we may contact regarding the terminal and printer.
- 5-7. Home Phone, Business Phone, and Fax - Include area code with all phone and fax numbers.

***BLOCK B - TERMINAL SITE***

1. Check whether the terminal will be located at a fixed or mobile site.
2. If the site is **fixed**, provide the complete physical address. Include street, city, state, and zip code.
3. If the site is **mobile**, provide the expected activity location (Lat/Long or primary port).

***BLOCK C - SIGNATURE***

Sign, print your name, and date the application in the appropriate blocks. If you are a representative for the applicant, include your title in the appropriate block and attach your agent authorization.

***BLOCK D - FOR OFFICIAL USE ONLY***

Restricted Access Management will complete this block upon issuance of a Transaction Terminal and printer.

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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 0.2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.); 3) Responses to this information request are confidential under section 104(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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